ALABAMA DEPARTMENT OF

D M H M R
Mental Health & Mental Retardation

Nurse Delegation Program

MAS Instructors' Manual
for Training
Medication Assistant Certification
(MAC) Workers

For Programs Providing
Mental Illness or Substance Abuse Services

MANUAL 2.2

Alabama Department of Mental Health and Mental Retardation

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NURSE DELEGATION PROGRAM (NDP 2.2)

Yvonne Higdon, MSN, CRNP
Clinical Nurse Consultant
Dementia Education and Training
Alabama Department of Mental Health and Mental Retardation

Richard E. Powers, MD
Medical Director
Alabama Department of Mental Health and Mental Retardation

NDP Advisory Board

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SECTION 1

INTRODUCTION TO NDP MANUAL 2.2

1.1. Understanding the Medication Assistant Supervisor (MAS) Program

This manual is designed for registered nurses and LPN's who will train Medication Assistance Certification (MAC) workers at the local level. This manual is designed to supplement Manual 3 for the MAC workers and provides guidance on educational expectations set forth by the Alabama Department of Mental Health and Mental Retardation as well as the Alabama Board of Nursing. This training program has clinical and medico-legal significance. The MAC training program is essential to assuring that the MAC student passes the test and documentation of the training program is essential in protecting the delegating MAS nurse against potential liability.

The goal of the MAC education program is to provide safe, accurate assistance in the administration of medications. Safe execution of the MAC program signifies that the nurse has adhered to the guidelines and expectations set forth by the Alabama Department of Mental Health and Mental Retardation for the training of MAC workers.

Many non-health professionals have limited understanding of normal brain function, mental illness or substance abuse. The new MAC worker may have concerns about our residents based on stigmatization of these residents. The MAS nurse must address these concerns during the training program to assure that resident receive the best possible care.

The academic skills of MAC candidates will vary from high school education through advanced degrees. The MAS-RN/LPN may wish to review basic pharmacology included as a supplement at the back of this manual.

The MAS-RN/LPN should be familiar with administrative guidance contained NDP Manual 5.1 for mental retardation and 5.2 for mental illness or substance abuse. The MAS nurse should understand symptoms and management of common mental illness such as schizophrenia or mood disorders as well as basic information about substance abuse.

1.2. Getting Started

You should have the following materials:
1. Administrative Guidance (5.1 or 5.2)
2. Training Manual for the MAC (3.1 or 3.2)
3. Slide set for 3.1 or 3.2
4. MAC Facts for 3.1 or 3.2

SECTION 2

UNDERSTANDING THE REGULATORY BASIS FOR THE NDP

2.1. The actual Alabama Board of Nursing regulation that governs the NDP program is set forth in segments below in the introductory paragraph. The MAS nurse should be familiar with this document. The NDP program follows this regulation and limits the delegation authority for nurses. This document applies to all residential community programs certified by the Department of Mental Health and Mental Retardation.

2.2.   610-X-6-.15   Alabama Department of Mental Health Residential Community Programs

     (1)   The registered nurse or licensed practical nurse who provides care in residential community mental health programs certified by the Alabama Department of Mental Health is accountable and responsible for the nursing care delivered to residents in those settings.

     (2)   Registered nurses or licensed practical nurse who provide nursing care in the residential community mental health setting may delegate specific limited tasks to designated unlicensed assistive personnel.

     (3)   The registered nurse is accountable for determining the tasks that may be safely performed by the unlicensed assistive personnel in residential community mental health settings following appropriate training and demonstration of competency.

     (4)   The specific delegated tasks shall not require the exercise of independent nursing judgment or intervention. Specific tasks that require independent nursing judgment or intervention that shall not be delegated include, but are not limited to:

          (a)   Catheterization, clean or sterile.
          (b)   Administration of injectable medications.
          (c)   Administration of rectal or vaginal medications.
          (d)   Calculation of medication dosages other than measuring a prescribed amount of liquid medication or breaking a scored tablet.
          (e)   Tracheotomy care, including suctioning.
          (f)   Gastric tube insertion, replacement, or feedings.
          (g)   Invasive procedures or techniques.
          (h)   Sterile procedures.
          (i)   Ventilator care.
          (j)   Receipt of verbal or telephone orders from a licensed prescriber.

     (5)   The task of assisting with the delivery of prescribed oral, topical, inhalant, eye or ear medications may only be delegated to a mental health worker by the registered nurse or licensed practical nurse only when the following conditions are met:

          (a)   The registered nurse or licensed practical nurse identifies the appropriate individual(s) to assist in providing prescribed medications.
          (b)   The mental health worker selected by the registered nurse or licensed practical nurse shall attend a minimum twenty-four (24) hour course of instruction that includes a curriculum approved by the Board and demonstrated competency to perform the delegated task.

     (6)   The registered nurse or licensed practical nurse shall provide periodic and regular evaluation and monitoring of the individual performing the delegated tasks.

     (7)   The registered nurse or licensed practical nurse shall routinely and periodically conduct quality monitoring of the tasks performed by the mental health worker, including, but not limited to:

          (a)   Training.
          (b)   Competency.
          (c)   Documentation.

(d)   Error reporting.

(e)   Methods of identification of the right resident, the right task, the right method, and the right quantity at the right time.

(8)   The registered nurse or licensed practical nurse delegating the task may, at any time, suspend or withdraw the delegation of specific tasks to mental health worker(s).

(9)   The Commissioner of the Alabama Department of Mental Health shall submit a report(s) to the Alabama Board of Nursing in a format specified by the Board upon request.

Author: Alabama Board of Nursing.

Statutory Authority: Code of Alabama, 1975, § 34-21-2(c)(21).

History: Filed November 22, 2005. Effective December 27, 2005.

SECTION 3

UNDERSTANDING THE BASIS OF MAC EDUCATION FOR RESIDENTS WITH SERIOUS MENTAL ILLNESS OR SUBSTANCE ABUSE

3.1.   Overview

The MAS nurse training familiarizes you with the standard teaching curriculum constructed by the Alabama Department of Mental Health and Mental Retardation to teach medication assistant certified workers (MAC workers) basic strategies in assisting with the dispensing of medications to residents with mental illness or substance abuse. The MAC training program begins with your assessment of the individual MAC candidate and their ability to oversee this responsibility in a safe, effective manner. A MAC candidate should have sufficient literary skill to read the MAC manual's guidance and medication administration records.   The MAC curriculum includes multiple components including: 1) proper administration of all types of allowed medication, 2) understanding common health problems for which medications are often prescribed, 3) understanding major classes of medications that may be administered to treat chronic health problems, 4) recognizing key changes in the resident that would cause the worker to consult with the nurse prior to administration of the medication, 5) understanding the rights of residents, nursing staff, administrators, and the individual MAC worker, and 6) basic understanding of the quality assurance system and the criteria used to determine when a medication administration error occurs.   We have distilled the training program down to 15 fact sheets and 4 checklists that cover vital information for the MAC worker. The 24-hour curriculum also includes 12 hours of hands-on training with employee to assure that they can execute tasks for which they have received education.

MAC candidate selection is essential. In some instances, workers will be trained at the time of hiring. The 24-hours of contact with the worker should allow sufficient time to determine whether they are capable of handling this responsibility. The MAS nurse has the right to determine that the candidate is not acceptable at any point in the training program. MAC certification requires three components: 1) passing grade on MAC Test 1, 2) passing evaluation of skill set assessment (practical), and 3) decision by MAS nurse to certify based on overall performance. A MAS nurse is not required to certify a MAC worker when the nurse believes that the candidate is not able to function independently as a MAC worker.

3.2.   Understanding Common Forms of Serious Mental Illness and Substance Abuse

3.2.   Covering the Core Material

The MAC teaching program is divided into the MAC-1 and MAC-2 level. The MAC-1 level provides your MAC candidates with core information, while the MAC-2 provides hands-on training and mentoring. The MAC-1 is broken into 12 segments that discuss

every conceivable preparation of medication and route of administration that is allowed under the regulations. The teaching cores are broken into three unit segments with 1 through 3 covering basic information on medications, while 4 through 9 discuss routes of administration and preparations. Considerable amounts of time are dedicated to discussing potential side effects of medication and the final 3 segments focus on medication errors, confidentiality and privacy and determining when to with hold medications.

Education of non-medically trained workers about care for persons with serious mental illnesses begins by explaining common mental illnesses. Many people have misperceptions about the

mentally ill, suspecting that they are intrinsically violent or incapacitated. You should be prepared to discuss the major mental illnesses to include schizophrenia, bipolar disorder, mania, depression, anxiety disorders, and medications that are commonly prescribed for those disorders. Your trainer manual contains information on this subject matter. Your knowledge is essential to responding to questions and accurately depicting your residents.

As the MAC educator, you should be familiar with all information and diseases that are included in the training manual. You can expect a series of questions from your students on basic anatomy, physiology, pharmacology, and drug-drug interactions. The MAC training manual contains additional information written for nursing professionals.

3.3. Included Materials

A. Printed Materials Available to the MAC Workers. Encourage your MAC worker to use the abbreviated form of material based on fact sheets and checklists included in the MAC Facts.

This material provides essential information on health problems commonly encountered in residential facilities. Individual residents may only use a modest number of medications to treat a limited number of diseases. You can choose to emphasize those diseases that are prevalent in your facility, e.g., hypertension or diabetes, while providing minimum basic information concerning diseases that are relatively uncommon in your facility, e.g., tardive dyskinesia. The post test covers all of the major illnesses because MAC workers may encounter any of these medications in the course of their employment over the year.

Because many of our residents receive psychotropic medications, our training materials include a substantial amount of information on these drugs and the metabolic syndrome. We have included teaching material over these subjects at the licensed level to assure that you feel comfortable teaching the subject. We have also included training materials on seizure disorders and medications commonly employed to treat this disorder.

B. Key Background Information on the MAC Course. The course does not cover all forms of mental illnesses and substance abuse that will be encountered in the residential program. Many programs provide additional training on these subjects. Workers will receive limited review of common psychiatric disorders such as schizophrenia and mood disorders. MAS nurses should focus on those common psychiatric problems and assure that MAC workers are familiar with schizophrenia, depression, bipolar disorder, and substance abuse. The MAC workers should be familiar with common health problems encountered in populations with serious mental illness, especially the metabolic syndrome. Residents with serious mental illness have increased risk for obesity and hyperglycemia. These residents often take diabetic medications, statins, antihypertensives and other drugs to treat the metabolic syndrome. The psychotropic medications most commonly encountered in residential facilities include antipsychotic medications, mood stabilizers such as Lithium, Depakote and Lamictal. The MAS nurse should alert the MAC worker to these common medications. The MAS nurse should be satisfied that the MAC worker understands the biological nature of serious mental illness and the lack of insight that may complicate compliance in many residents. The MAC worker will deal with issues such as non-compliance in individuals who lack the insight to realize that they have a serious mental illness. The MAC worker should also understand common symptoms versus unusual symptoms so that they can report these symptomatic changes to the MAS nurse. The MAC worker should already be familiar with the residential policy towards management of residents with agitation, hostility or confusion through their basic new employee orientation.

The MAC worker and MAS nurse training program have been developed by a team of nurses and doctors drawn from community providers, the Department of Mental Health and Mental Retardation professional staff, and Board of Nursing personnel. All materials have been submitted to the Board of Nursing for approval and review. All practices and principles outlined in this document comply with existing Board of Nursing regulations, pharmacy regulations, and the Department of Mental Health and Mental Retardation guidance to community programs.

C. Using the Observational Checklists. Section 12 of NDP 3.2 includes material on observation checklists and actions recommended for each observation. The instructor should spend sufficient time to assure that all MAC candidates understand this observation system and comprehend basic interventions to follow.

3.4. Preparation of the MAC Candidate for the MAC Course

The MAS nurse should explain the importance of responsibility associated with assisting with medications as well as expectations of the students. The students are expected to appreciate their role in caring for individuals with significant health problems. Many non-medical persons have misconceptions, concerns, and fears about dealing with persons with mental illness or mental retardation. These concerns should be confronted early in the process to underscore the humanity of our residents.

Caregiving is a learned skill. Young adults experience a range of modeled-parental behavior from concerned, committed, supportive family members and parents to significant early life depravation. The MAS teacher should be aware that MAC workers bring a range of caregiving attitude and knowledge to their employment.

3.5. Preparing the MAC Educational Material

Each facility must have adequate numbers of MAC training manuals to assure that every trainee has their individual manuscript. The facility may choose to recycle the manuscript or allow each MAC worker to hold his or her training manual throughout the course of the employment. Every worker must have a set of MAC Facts (NDP 4.1 or 4.2) that is available to him or her while they work. The collection of fact sheets and checklists as well as vital information provides an important information platform to be used by the worker throughout the course of their employment. This hand-guide provides easy, direct information. Workers often worry about calling the on-call nurse in the middle of the night and this handbook provides some intermediate steps between never calling and calling with every concern.

3.6. Adding Supplemental Material to the MAC Course

Supplemental material can be added to the MAC course by the MAS nurse. Information that pertains to regulatory concerns must be reviewed at the divisional level prior to insertion into the curriculum. Other education material such as information about medications, tips on certain diseases, etc., can be added at the discretion of the individual educator. Materials should not be added that contradict educational facts included in the MAC teaching guide **(NDP Manual 3.1 or 3.2).**

3.7. Presenting the MAC Educational Material to the MAC Candidates

Educational materials must be presented under the supervision of the MAS RN or MAS LPN. Although home study is encouraged via the NDP 3.1 or 3.2 manual, home study does not replace actual training in the facility. The actual educational program can be broken out into individual hours and the facility has flexibility in deciding how many hour blocks will be done and over what period of time. Nurses must conduct a discussion and explanation for each of the 12 segments.

The discussion sessions may be lumped together into blocks of a maximum of three segments with adequate time between the nurse and the worker to assure that the worker comprehends the material. We estimate that on average, the nurse will need to spend one hour of discussion time with each three blocks of educational material.

Discussion sessions should occur in an environment that is conducive to learning and discussion. Discussions should occur in a teaching format where student attention is focused on the nurse. Each teaching objective for all 12 NDP 3.1 or 3.2 segments should be covered in the course of the discussion between the student and the nurse. The trainer nurse should specifically discuss each teaching objective and assure themselves that

students have met that objective. The training protocol specifically allows maximum flexibility to the nurse because each training group will differ in level of knowledge about basic health matters as well as neuropsychiatric disorders and caring for persons with different disabilities.

The instructor should teach the students out of the handout. A limited number of teaching PowerPoint slides is available. For those sections with fact sheets, the instructor must go through each fact sheet to assure that the students have mastered all information on the sheets.

Section 12 includes checklists that cover when to contact a nurse. The training nurse must discuss all four checklists and present vignettes that are applicable to their resident population covering material in each of the four checklists. The MAS nurse must complete instructions in column 3 for the checklists and 7 facts for seizure management.

A. Employing Clinical Vignettes for Assistance with Teaching. The MAC program is designed to be practical and applicable. During the course of your educational programming, we strongly encourage you to use as examples those types of residents who will actually be receiving care from the MAC worker. The discussion of each section could focus on residents who require specific kinds of medications who are suffering from specific health or behavioral problems. Some medications or medical problems may not exist in your resident population. We strongly encourage that you use past examples of your clinical care to highlight issues in administration of medication problem solving. You should select examples from each of the major mental illnesses to depict compliance and resident education.

B. Teaching the Limits of Authority. Although MAC workers are not authorized to perform any type of assessment or judgment, MAC workers should understand the types of sophisticated, clinical judgments made on a daily basis by nursing staff. Your discussion of how you approach specific kinds of problems helps the MAC worker to understand the importance of their duty and the complexity of these tasks.

"Skilled" services or interventions must be performed by a licensed professional. Injections, suppositories*, wound care and PEG tube feedings must be performed by either an RN or LPN. This theme must be repeated several times during the course of the training to assure individuals can distinguish between skilled versus unskilled interventions.

C. Teaching the Back-up System. The Board of Nursing requires that MAC workers have access to a MAS nurse at all times in order to have backup and authorization for PRN medications. MAC workers must receive permission to administer all PRN medications and in turn report significant changes in the resident's condition. The MAC workers must be trained to seek advice or consultation under specific circumstances, such as significant changes as listed on the MAC checklist, refusal of medication and use for PRN medications.

The on-call nurse might not be the MAS-RN/LPN who trained the MAC worker. Since all MAC workers and MAS nurses receive similar education, there should be consistency throughout the system. MAC workers should be taught to maximize the use of the nursing time when they call the MAS nurse. MAC workers can use basic checklists provided by the NDP program or additional materials developed by the facility that exceed the information included in the NDP materials.

This training program is based on the assumption that workers are familiar with the standard operation of your facility, use of medical resources in the community, and understanding how emergency services work. Prior to starting the course, the instructor should assure themselves that the worker understands basic concepts such as the role of pharmacists, paramedics, etc., and the difference between registered nurses, LPN's, and nursing assistants, etc.

3.8. Documentation of MAC Education

Documentation for participation and attendance is done on a block-by-block basis. MAS nurse instructors are asked to evaluate the student's performance over each three-block segments as part of their overall rating for the student. These records must be maintained along with other documentation to assure that the MAC worker has accomplished the necessary tasks.

3.9. Evaluation of MAC Education

Students are evaluated on a qualitative and quantitative basis. Qualitative assessments are performed on the MAC Worker Observation Educational Sheet. Test performance must exceed 90% in three attempts or less.

The Alabama Board of Nursing may change this ruling to allow MAC's to assist with Diastat suppositories.

SECTION 4

RIGHTS AND RESPONSIBILITIES
UNDER THE NURSE DELEGATION PROGRAM

1. **Rights of the MAC Worker**
   - Proper education about medication assistance and orientation to the resident
   - Support by the MAS nurse and other licensed professionals within the residence
   - 24/7 access to consultation by telephone about questions or concerns as to whether to administer medication
   - Sufficient time to assure that each resident receives the level of care which is required under the MAC program

2. **Responsibilities of the MAC Worker**
   - To follow all rules and regulations
   - To carefully study all MAC material and know residents as well as possible
   - To pay attention to the residents on a daily basis and listen to their concerns or complaints
   - To ask questions whenever you are unsure about whether to administer a medication
   - To recognize that there is no such things as a "dumb question" with regards to resident safety

RIGHTS AND RESPONSIBILITIES OF THE MAS NURSING STAFF

1. **Nurses' Rights**
   - Proper education about the NDP program
   - Adequate time to educate assigned MAC worker
   - Freedom to select and delegate to workers based on the worker's ability and attitude
   - The right to refuse to certify or maintain delegation for a worker who does not demonstrate skills and professionalism sufficient to carry this responsibility
   - An adequate ratio of licensed professionals to MAC workers in order to provide safe management and adequate consultation

2. **Responsibilities**
   - Follow rules and regulations
   - Assist MAC workers and respond to questions or concerns
   - Communicate with concerned facilities
   - Educate the MAC workers

RIGHTS AND RESPONSIBILITIES OF THE ADMINISTRATION

1. **Rights of Administrative Staff**
   - Pick MAS staff capable of managing the NDP system
   - De-select individuals not appropriate for these responsibilities
   - Seek assistance from regional offices when problems develop within the NDP system

2. **Responsibilities**
   - Assure adequate staffing to meet the needs of the resident
   - Assure appropriate response to adverse occurrences
   - Assure that quality assurance data precisely reflects occurrences within the facility
   - Educate MAC staff and resident employees to nurses responsibilities

SECTION 5

CURRICULUM

Nurse Delegation Education Program Teaching Objectives

I.   KNOWING THE CLIENTS AND THE DELEGATION SYSTEM
1. To recognize your clients strengths and weaknesses
2. To recognize health changes in your client
3. To explain your responsibilities as a MAC worker

II.   UNDERSTANDING MEDICATION
1. To define medication, their effects and side effects
2. To recognize common OTC (over the counter) medications
3. To recognize various forms of medications, i.e. tablets, spansules, capsules, liquids, suspensions, topical preparations, inhalers, etc.
4. To describe proper storage procedures for medications

III.   UNDERSTANDING PRESCRIPTION MEDICATIONS
1. To list and apply the 6 rights of medication administration
2. To list the 5 categories of medication that delegates may assist with administering
3. To list the 3 primary expected effects that medications provide
4. To recognize the difference between generic and brand names of medications

IV.   ASSISTING WITH ORAL MEDICATIONS
1. To describe the basic anatomy used in the GI system
2. To recognize, explain and demonstrate the 14 basic rules of assisting with oral, sublingual and buccal medications
3. To accurately document, the client's having taken their medication on the
4. Medication Administration Record (MAR).
5. To Describe and demonstrate hand-washing techniques

IV.   ASSISTING WITH TOPICAL MEDICATIONS
1. To explain the basic anatomy of the integumentary system
2. To recognize, explain and demonstrate the 6 basic special points or rules, one should remember in assisting with topical agents and skin preparations.
3. Recognize, explain and demonstrate the 14 steps used in assisting with topical medications.
4. To accurately document the procedures on the medication sheet

V.   ASSISTING WITH EAR DROPS AND OTHER EAR PREPARATIONS
1. To explain the basic anatomy of the auditory system.
2. To recognize, explain and demonstrate the 14 basic steps one should remember in assisting with eardrops or other ear preparations
3. To accurately document procedures on the medication sheet.

VI. **ASSISTING WITH NOSE DROPS AND OTHER NASAL PREPARATIONS**
1. To explain the basic anatomy of the nose and sinuses.
2. To recognize, explain and demonstrate the 14 basic steps one should remember in assisting with nose drops and other nasal medications.
3. To accurately document the procedures on the medication sheet.

VII. **ASSISTING WITH EYE PATCHES, EYE DROPS AND OTHER EYE PREPARATIONS**
1. To explain the basic anatomy of the eye.
2. To recognize, explain and demonstrate the 14 basic steps one should remember in assisting with eye patches, eye drops, and other eye medications.
3. To accurately document the procedures on the medication sheet.

VIII. **ASSISTING WITH INHALED MEDICATIONS**
1. To explain the basic anatomy of respiratory system.
2. To recognize, explain and demonstrate the 14 basic steps one should remember in assisting with inhaled medications
3. To accurately document the procedures on the medication sheet.

IX. **RECOGNIZING AND RECORDING MEDICATION ERRORS**
1. To recognize that a medication error has occurred.
2. To explain the policy and procedure of reporting medication errors
3. To accurately complete the medication error or unusual occurrence report forms

X. **RESPECTING YOUR CLIENT'S PRIVACY AND CONFIDENTIALITY**
1. To recognize the difference between privacy and confidentiality
2. To recognize the two most common mistakes made in confidentiality and privacy

XI. **UNDERSTANDING MEDICATION ERRORS**
1. To list the 6 rights of medication administration
2. To describe and define medication error terminology
3. To recognize when an error has occurred
4. To recognize the importance of reporting errors

XII. **MAKING A DECISION TO WITHHOLD MEDICATION FROM A CLIENT WITH MENTAL RETARDATION WHILE YOU CONTACT YOUR NURSE**
1. To recognize the 10 most common reasons why a MAC worker may choose to hold medications
2. To complete checklist 1-3 with the MAS nurse

XIII. **SUPPLEMENTAL INFORMATION ON MENTAL ILLNESS AND SUBSTANCE ABUSE**

XIV. **SPECIAL PROCEDURES**

SECTION 6

MANAGEMENT OF RESIDENTS WITH SEIZURE DISORDERS

6.1. Overview of Seizure Disorders in Persons with Serious Mental Illness or Substance Abuse

Residents of facilities often have complicated medical as well as psychiatric conditions that require sophisticated care from the nursing staff. Individuals with epilepsy have a significantly increased risk for other psychiatric problems including depression and psychosis. Non-compliance with anti-epileptic medications is a common cause of recurrent seizures. Persons with mental illness and substance abuse often experience compliance problems as part of their illness. Illness education and compliance monitoring is a major benefit to the MAC system; however, some individuals experience serious seizures in the setting of full medication compliance. These individuals may require acute stabilization during prolonged seizures referred to as status epilepticus.

The management of residents with seizure disorders depends on the resident population, geographical location of the facility, and policy of the particular residential program. Each facility must have some policy on the comprehensive management of persons with seizure disorders and those experiencing a medical emergency resulting from a seizure.

A seizure is a general term that may apply for a variety of conditions ranging from starring spells to grand-mal tonic-clonic seizures. Seizures can produce injury to the resident and staff who are managing the individual. Any form of epilepsy has the potential of developing a generalized tonic-clonic episode; however, most individuals with tonic-clonic seizures have a past history of such event.

6.2. Collecting Appropriate Information for the MAC Workers

All residential facilities should determine whether a resident has a history of a seizure disorder, the frequency of seizures, complications produced by seizures and the specific features associated with those seizures. Staff should be informed about the specific features of seizure disorders for individual residents and the specific features to monitor in the event that the resident has evidence of a seizure. **Example:** the resident has a "blank stare" and smacks his lips before he has a "big seizure". This material is included in "Quick Facts for MAC's" (NDP 4.2).

Seizures have four general phases: 1) the pre-ictal, 2) the ictal, 3) the post-ictal, and 4) the inter-ictal component. The pre-ictal phase refers to those events that occur immediately prior to a seizure, such as auras. An aura is an unusual, physical or sensory event that signals the possibility of a generalized seizure event. The resident may describe a strange taste, foul smell or unusual sensations prior to a seizure. The ictal event applies to those physical, sensory, and intellectual events that occur during an actual epileptic seizure. The post-ictal events refer to physical, intellectual or level of conscious changes that occur for minutes or hours following a seizure. The inter-ictal phase refers to the resident's condition when not having a seizure or post-ictal. The nursing assessment

should include those basic components. Each resident's seizure is different and an individual may experience different events with different seizures.

6.3. Preparing the Staff for Seizure Management

Staff should be properly trained to manage the physical complications produced by a tonic-clonic seizure as well as post-ictal confusion following the seizure. The facility should have an established policy that alerts staff about the maximum duration of seizure prior to calling 911. Each resident in each facility may have individual policies, depending upon instructions from physicians such as neurologists.

The Nurse Delegation Program allows the administration of Diastat suppositories in patients with documented seizure disorder for whom the physician has provided specific instructions to administer the medication. The decision to use Diastat suppositories is a facility-by-facility judgment and each residential program retains the authority to determine whether their staff will use this intervention. The Department of Mental Health/Mental Retardation does not require a facility to use Diastat suppositories; however, the Board of Nursing does allow the use in specific emergencies.

6.4. Guidance on the use of Diastat Suppositories

A Diastat suppository contains a benzodiazepine that reduces the likelihood that a resident will have an adverse event produced by a prolonged seizure, i.e., status epilepticus.

Status epilepticus is defined as continuous seizures that significantly increase the likelihood of harm to the resident with epilepsy. Status epilepticus can become a life-threatening event because the resident may not be able to properly oxygenate during the seizures. Status epilepticus is considered to be a medical emergency and may require extraordinary medical interventions to control the symptoms. The risk, severity, and treatment of each individual depend upon that individual. The insertion of a Diastat rectal suppository requires a specific order provided by a physician that includes specific instructions on the timing of the rectal suppository. The clinician should understand the specific features of the resident's seizures and write orders that are specific to those resident's features, e.g., insert one Diastat suppository if resident has more than five minutes of continuous seizure motion activity.

6.5. Use of Suppositories

A suppository insertion may require significant manipulation of the perineal region. Proper technique minimizes the potential risk to the resident. Female residents may represent a challenge to avoid the vaginal insertion of the suppository. The use of suppositories is limited by the Board of Nursing for a variety of reasons. Staff must be specifically trained on the use of suppositories for each resident. The nursing assessment should define any specific issues pertaining to the use of suppositories by non-licensed staff.

6.6.   Comprehensive Management of Status Epilepticus

Comprehensive management of status epilepticus is a multi-component intervention, including recognition of seizures, determination of duration of individual seizures, physical management of the resident to minimize harm such as fractures, oral lacerations, etc., prevention of aspiration, appropriate use of the rectal suppository, and prompt transfer to an emergency facility for further assessment. Diastat suppositories are used as a method of managing the medical emergency of status epilepticus. The utilization of this intervention requires one of two additional steps: 1) immediate evaluation by an on-call, licensed professional to determine the need for transfer to an emergency treatment facility, or 2) immediate transfer to an emergency treatment facility without evaluation by the RN or LPN. Diastat suppositories should not be administered without the approval of the on-call nurse except in situations where paramedics are in route and the nurse has not responded immediately. Although contact with the on-call nurse is always preferable, in some instances the resident may require the suppository while EMS is in route to the facility for stabilization and transport. The policies should be determined at the facility level.

The use of Diastat suppositories should be reviewed on a regular basis by the MAS-RN/LPN to determine efficacy, appropriateness, and opportunities for improvement of management. Repeated use of Diastat suppositories by individual residents suggests the need for further consultation by an epileptologist to examine ways to maximize prescribed therapy that prevents seizures. A range of treatment interventions are available to residents with refractory seizures including vagal nerve stimulators, adjunctive therapy, and seizure surgery.

SECTION 7

TEACHING THE RESIDENTIAL MONITORING PARAMETERS
FOR MAC WORKERS

7.1.   Overview

Most MAC workers will have the common sense and judgment to identify residents who have experienced a significant change prior to administering medications. The NDP system has been designed to accommodate a range of judgments and expertise. Consequently, specific check sheets have been designed to identify common clinical alterations of the resident that MAC workers may encounter on a daily basis. The four major groups of resident changes include: physical appearance, mental status, behavioral manifestations, and vital sign changes.

7.2.   Explaining the Facility Monitoring System for Vital Signs

Some facilities authorize the gathering of vital signs by MAC workers. These individuals may identify a change in vital signs during the course of performing their duties. The vital sign sheet provides broad guidance by which workers can identify potentially problematic alterations. None of the changes in vital signs carry directions beyond immediate report to the MAS nurse. The individual facility and nurse will decide how reports are conveyed and to whom these reports are given. Each facility is different and must create its own standard protocol for these occurrences. However, facilities must have a policy and procedure for reporting changes in residents to a MAS nursing professional by the MAC worker.

7.3.   Important Behavioral Changes in the Resident

Behavioral changes are summarized in the list of "won'ts", i.e., won't walk, won't talk, won't eat, and won't wake up. The suggested actions segment is specifically left blank so that the individual nurse can instruct the worker on what actions that nurse expects in the event that these dramatic changes occur in the individual. The nurse can add or delete from this list as they see fit; however, the MAC worker must be equipped with guidance on managing behavioral changes.

7.4.   Important Mental Status Changes in the Resident

Mental status examination changes are common in persons with mental illness or mental retardation. The suggested action for mental status change can vary according to the resident and the facility. The teaching nurse will discuss each type of appearance change and provide workers with guidance on managing that change.

7.5. Resident Appearance

Resident's appearance may change on a daily basis. The MAC checklist summarizes common potential, important changes in an individual. Each list must be discussed and completed by the nurse for the facility. For instance, some residents may appear normally pale and the course of action for those individuals is to do nothing.

The MAC worker will keep the appearance assessment sheet in their MAC Fact Book on the unit. The MAC worker should keep these guidances at all times to assure that appropriate actions are taken even if the supervising nurse is not available.

SECTION 7. RESIDENT MONITORING FORM 1

Common Changes in Appearance of Residents with SMI or Substance Abuse that Require Immediate Attention

Resident Appears:	Possible Problem Causing Change	Suggested Actions
Cold, sweaty	Infection, low blood pressure, low blood sugar, drug overdose	
Pale	Low blood level, anemia, infection	
Grey or dusky	Low oxygen, low blood pressure, low blood sugar	
Red-faced, warm	Infection, drug allergy, high blood pressure, drug intoxication	
Red-eye	Infection, increased eye pressure, eye injury, drug intoxication	
Rash	Drug or food allergy, fever, infection	

NOTES:

SECTION 7. RESIDENT MONITORING FORM 2

Common Changes in a Resident's Mental Status with SMI or SA that Require Immediate Attention

The Resident Appears:	Possible Explanation	Suggested Actions
Sleepy	Infection, medication toxicity, seizures, low blood pressure, low oxygen, low blood sugar, drug overdose	
Irritable	Pain, drug toxicity, low blood sugar	
Confused	Drug toxicity, low oxygen, low blood pressure, seizure, low blood sugar, drug overdose	
Agitated or Aggressive	Drug toxicity, new health problem causing pain, seizures, low blood sugar, constipation, drug ingestion	

NOTES:

SECTION 7. RESIDENT MONITORING FORM 3

Important Behavioral Changes in Residents with Serious Mental Illness or Substance Abuse that Require Immediate Attention

The Resident Won't:	Possible Explanation	Suggested Actions
Walk	Pain, broken bone, stroke, heart problems, excess sedation, drug overdose	
Talk	Stroke, excess sedation, drug overdose	
Eat	Stroke, stomach problems, bowel problems, dental problems, infection, broken tooth, cut tongue	
Wake Up	Stroke, medication overdose, drug overdose, health emergency, drug overdose	

NOTES:

SECTION 7. RESIDENT MONITORING FORM 4

Important Changes in Vital Signs of Residents with Serious Mental Illness or Substance Abuse that Require Immediate Attention

Vital Sign Change	Normal	Immediate Report Level	Common Possible Causes
High blood pressure*	Top – 90 to 140 Bottom – 60 to 90	Top – over 160 Bottom – over 100	Pain, fear, anxiety, medication side effect, seizure, non-compliance with high blood pressure medication, drug intoxication
Low blood pressure*	Top – 90 to 140 Bottom – 60 to 90	Top – less than 90 Bottom-less than 60	Internal bleeding, dehydration, heart problems, drug reactions, excessive medications for high blood pressure, drug intoxication
Fast Pulse at Rest	60 to 90	Over 90	Pain, fear, drug reactions, seizures, heart problems, internal bleeding, drug intoxication
Slow Pulse	60 to 90	Below 60	Heart problems, drug side effects, drug overdose
Fast Breathing at Rest	12 to 16	Over 16	Asthma, pain, fear, lung disease, heart problems, seizures, low oxygen in blood, pneumonia, drug overdose
Slow Breathing while awake	12 to 16	Below 8	Excessive sedation, brain emergency, low blood sugar, drug overdose
High Temperature	97 to 100	> 100	Infection, drug reaction, heat stroke
Low Temperature	97-100	< 97	Shock, severe infections

*Systolic = top number

*Dystolic = bottom number

NOTES:

SECTION 8

UNDERSTANDING THE MAC PERFORMANCE ASSESSMENT SYSTEM

8.1.   Overview

The MAS RN or LPN is expected to supervise the MAC worker. Some nurses may have a few MAC workers under their authority while others may have many MAC workers in multiple homes. A quarterly assessment must be completed to assure that workers abilities are assessed on a sufficiently regular basis to monitor job performance. There is no defined minimum or maximum number of workers who can be supervised by a specific MAS nurse. The individual MAS nurse must make that determination on an individual basis. The MAS nurse is expected to be sufficiently familiar with the MAC workers to provide appropriate supervision.

8.2.   Using the Evaluation Instrument

The MAC assessment includes technical competence, professionalism, personal integrity, and respect for resident's rights. These four quality pillars should be examined on a regular basis.

The role of the supervising MAS nurse is supervisor for the specific task of medication administration and resident monitoring necessary for administration. Other aspects of the MAC worker's performance may be assessed and graded by other members of the management team such as punctuality, dress, and performing non-NDP functions. For the purposes of the MAC system, the nurse and the delegated MAC worker should function as a clinical team with the goal of providing best possible care to residents entrusted to their service.

8.3.   Quarterly Assessment of the MAC Worker

The MAS RN or LPN shall assess the performance of the MAC worker under their delegation authority on a quarterly basis. The quarterly performance review will include four domains: 1) technical competence, 2) professionalism, 3) personal integrity, and 4) respect for residents' rights. All workers will be scored on a 1 to 5 scale with 1 indicating unacceptable, and five indicating outstanding. The MAS nurse should define the specific measures for the MAC worker prior to commencing service.

A. Technical Competence. A technically competent MAC worker is an individual who consistently assists with medications without serious, avoidable errors. Any Category-3 error is considered to be serious and requires immediate re-evaluation. Technical competence includes ability to assist with medications, ability to complete paperwork in a timely accurate manner, and adherence to dispensing regulations. Technical competence also includes issues such as handwriting on the record, timeliness for reporting, techniques for administering medications and other typical measures.

B. Professionalism. Professionalism is defined by the MAC worker's ability to assist residents in taking their medications, providing compliance encouragement, monitoring for side effects, and offering basic help and encouragement as defined in the MAC Manual. Professionalism includes the worker's attitude towards residents and families of residents, as well as willingness to accept constructive criticism or direction from their supervising nurse. Professionalism also includes the worker's ability to problem solve and use instruments such as the resident monitoring forms.

C. Personal Responsibility. Responsibility focuses on the worker's ability to abide by the self-reporting system for medication administration mistakes and other rules that pertain to this program. Personal integrity is an essential component to this system because medication errors are often a self-reporting issue. Falsification of records is a serious event.

D. Respect for Resident's Rights. Respect for resident's rights is essential and evaluates the worker's ability to respect privacy and confidentiality. This measure evaluates the worker's respect for resident's rights and individual dignity as a human being.

E. Assessing Medication Administration Errors. Each medication administration error must be evaluated on an individual merit. The occurrence of an administration error does not imply incompetent workers or negligent practices. Administration errors are common in all healthcare settings but these occurrences are not acceptable as standard practice. All levels of healthcare professionals can commit medication mistakes. The occurrence of a medication mistakes does not necessarily indicate incompetence, but does require immediate evaluation and correction. Repeated mistakes or mistakes resulting from serious breach of practice standards may require specific actions by the delegating nurse or the facility manager. Delegating nurses have the authority to withdraw delegated authority at the time of an incident if the gravity of the incident warrants such serious actions.

SECTION 9

Guidance On Clinical Information For Teaching The MAC Worker

9.1. Overview

The MAC worker who cares for persons with mental illness or substance abuse must develop basic skills and knowledge in caring for persons with psychiatric, behavioral, and medical morbidities. Mental illness often produces a range of psychiatric symptoms. The MAS nurse should cover common, important mental illnesses including schizophrenia, mood disorders, generalized anxiety disorders and substance abuse. The psychiatric resident may also have problems with agitation, aggression, and suicidality. Many of these subjects will be discussed in the orientation educational programs for the new employee and the MAC training program does not include this information as part of the core educational program.

9.2. Basic Symptoms of Serious Mental Illness

The MAC worker should understand both the positive and the negative symptoms associated with schizophrenia, including hallucinations and delusions or thought disorder for the positive symptoms; apathy, anhedonia, and social withdrawals are among the negative symptoms.

Among the mood disorders, the MAC worker should understand depression, manic depressive illness, and mania. These major mental illnesses should be described to the MAC worker in terms of brain malfunction and brain wiring problems. MAC workers should understand risk for suicidality and symptoms of severe depression.

Generalized anxiety disorder including panic, phobias and post-traumatic stress disorder are common in residential populations. These symptoms can be distressing to the resident and alarming to the MAC worker.

9.3. Basic Management Strategies for Mental Illness

Residents with serious mental illness are best treated with supportive environmental care as well as appropriate psychopharmacology. The MAC worker will be involved in both components of this treatment. The MAC training program assumes that basic management techniques for psychotic or agitated residents are taught at the facility level. The MAS nurse should explain the common classes of medications including the antipsychotics, antidepressants, mood stabilizers, and benzodiazepines. This discussion should also include common side effects as well as benefits to the residents.

Specific medication side effects are common in persons with serious mental illness, especially those associated with antipsychotic medications and mood stabilizers. Components of the metabolic syndrome including obesity and hyperglycemia require a combined approach using medications and health behaviors. MAC workers should understand the causes and consequences of diabetes as well as obesity in order to promote positive health behaviors.

Psychotropic medications produce a range of side effects; however, most can produce sedation, confusion, unsteadiness or alterations of consciousness when excessive quantities accumulate in the blood stream. These common side effects are listed in the behavioral checklist and should be mentioned during the course of the educational programs. Stable residents may develop drug toxicity when clinicians order additional medications that disrupt metabolism or the medication.

Persons with serious mental illness may not report medication toxicities or side effects. The behavioral checklists are designed to assist MAC workers in identifying common health problems and drug side effects.

9.4. Basic Management of Health Problems

Health problems are common in persons with serious mental illness and substance abuse. Persons with heavy alcohol abuse often have secondary health problems including cardiomyopathy, liver disease, peripheral neuropathy, and other disorders. People with past history of intravenous drug abuse often suffer from Hepatitis C or HIV infections. Your discussion of health problems should be adjusted to meet the health needs of the residents served by the MAC workers.

Most residential programs manage residents with seizure disorders. There is extensive discussion in the supplemental section of the 3.2 manual about seizure management and antiepileptic medications. Persons with serious mental illness have greater risk for seizure disorder and persons with epilepsy have higher rates of mental illness, especially depression and psychosis. Your training should include a discussion of comprehensive management for persons with seizure disorders.

9.5. Taking a Practical Approach

MAC candidates have a range of academic abilities and backgrounds. The MAC course is not designed to create mini nurses. MAC workers must achieve sufficient knowledge to safely care for residents, provide sound advice, and monitor for side effects or drug toxicities. Uneducated MAC workers may over-react to residents or fail to appreciate important warning signs for potential aggressive behavior, suicide, drug toxicity, etc.

The MAS nurse should address the following clinical issues during the course of the 24-hour MAC education: 1) does the MAC worker understand basic brain function, 2) does the MAC worker understand how brain malfunctions could cause symptoms such as auditory hallucinations, 3) is the MAC worker familiar with the major classes of medications, 4) does the MAC worker understand common side effects produced by psychotropic medications, 5) is the MAC worker familiar with common health problems encountered in persons with mental illness or substance abuse, 6) is the MAC worker sufficiently familiar with positive health behaviors to encourage residents and avoid complications such as obesity or the metabolic syndrome.

SECTION 10

SUPPLEMENTAL INFORMATION

CHECK LISTS, ASSESSMENT TOOLS AND CERTIFICATION FORMS

PAGE

SECTION 8.4

Alabama Board of Nursing
Alabama State Department of Mental Health and Mental Retardation
Delegation to Unlicensed Residential Personnel:

Assisting Residents with Medication
Facility:_____

FOR THE _____ YEAR THE FOLLOWING UNLICENSED (NONMEDICAL) PERSONNEL ARE ELIGIBLE FOR DELEGATION OF CERTAIN MEDICATIONS TO RESIDENTS:

DATE ELIGIBLE (Passing 24-Hour Course)	NAME OF UAP	JOB TITLE	DATES MONITORED COMMENTS (RN and Supervisor Regarding Delegation Practice)	DATE DELEGATION SUSPENDED OR REVOKED
1.				
2.				
3.				
4.				
5.				
6.				

_____
SIGNATURE OF DELEGATING RN/LPN

NOTES:

Alabama Department of Mental Health and Mental Retardation

ANNUAL MAC WORKER ASSESSMENT FORM

YEAR_____   MAS NURSE:_____

MAC WORKER:_____
FACILITY(S):_____

1=very poor   2=marginal   3=average   4=very good   5=outstanding

Date		Technical Skill	Professionalism	Reliability	Respect	Signature Block	
From	To						
						MAS_____	MAC_____
						MAS_____	MAC_____
						MAS_____	MAC_____
						MAS_____	MAC_____
						MAS_____	MAC_____

COMMENT SECTION FOR MAC EVALUATION

		MAC_____
		Nurse_____
		MAC_____
		Nurse_____
		MAC_____
		Nurse_____

GUIDELINES FOR ASSESSMENT OF MAC WORKER

A. Technical Competence. A technically competent MAC worker is an individual who consistently assists with medications without serious, avoidable errors. Any Category-3 error is considered to be serious and requires immediate re-evaluation. Technical competence includes ability to assist with medications, ability to complete paperwork in a timely accurate manner, and adherence to dispensing regulations. Technical competence also includes issues such as handwriting on the record, timeliness for reporting, techniques for administering medications and other typical measures.

B. Professionalism. Professionalism is defined by the MAC worker's ability to assist residents in taking their medications, providing compliance encouragement, monitoring for side effects, and offering basic help and encouragement as defined in the MAC Manual. Professionalism includes the worker's attitude towards residents and families of residents, as well as willingness to accept constructive criticism or direction from their supervising nurse. Professionalism also includes the worker's ability to problem solve and use instruments such as the resident monitoring forms.

C. Personal Reliability. Reliability focuses on the worker's ability to abide by the self-reporting system for medication administration mistakes and other rules that pertain to this program. Personal integrity is an essential component to this system because medication errors are often a self-reporting issue. Falsification of records is a serious event.

D. Respect for Resident's Rights. Respect for resident's rights is essential and evaluates the worker's ability to respect privacy and confidentiality. This measure evaluates the worker's respect for resident's rights and individual dignity as a human being.

Evaluation Form For Professionalism In Classroom

AGENCY:	
STUDENT:	
EVALUATOR:	
DATE:	

KEY
1=very poor   2=marginal   3=average   4=very good   5=outstanding (indicate by circling correct number)

Instructor(s)	Units	Preparedness	Attentiveness	Class Participation
	1-3	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
	4-6	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
	7-9	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
	10-12	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

CHECK LIST FOR HAND WASHING TECHNIQUES

AGENCY_____ **STUDENT**_____

EVALUATOR_____ **DATE**_____

KEY

U=UNSATISFACTORY
S=SATISFACTORY

PROCEDURE

_____1.   Identifies 3 incidences when hand washing is necessary, i.e. before and after meal
preparation, after assisting client to toilet after personal trip to toilet, before and after
medication assistance.

_____2.   Gathers materials for procedure, i.e. pump soap, bar soap, paper towels, hand gel.

_____**3.   PUMP SOAP**
a.   Turns on water and adjusts temperature
b.   Applies pump soap to palm (about the size of a nickel)
c.   Washes all surfaces of hands for 15 seconds
d.   Rinses hands with water, dry hands with paper towels (while water is running),
turns off faucets with paper towels.

_____**4.   BAR SOAP**
a.   Turns on water and adjusts temperature
b.   With water still running, pick up bar soap
c.   Lather/wash hands with soap covering all surfaces of hands and fingers at least
15 seconds
d.   Rinse off the soap and place on soap container or holder and then rinse hands,
dry hands with paper towels (while water is running), turns off faucets with
paper towels.

_____**5. WATERLESS HAND GEL**
a.   Apply a dime size amount of gel to the palm
b.   Rub hands together, cover all surfaces of the hands and fingers with the gel
c.   Rub your hands together for 10-15 seconds until the gel dries

CHECK LIST FOR ASSISTING WITH ORAL MEDICATIONS

AGENCY_____   STUDENT_____

EVALUATOR _____   DATE_____

KEY

U=UNSATISFACTORY
S=SATISFACTORY

PROCEDURE: Oral Medications (solids)

_____1.   Uses proper hand washing techniques

_____2.   Assembles materials needed, i.e. gloves (if necessary), medicine cup, water, drinking cups, paper towels medication administration record, medication bottles or blister packs.

_____3.   Identifies client, provides for privacy.

_____4.   Performs 3 checks using 6 rights of med prep for each medication

_____5.   Pops pills from blister packs or removes pills from bottle with proper technique, without touching pills

_____6.   Gives medications to client with water, watches him/her swallow, remains with client (checks for cheeking if indicated). (If medications is buccal or sublingual uses proper techniques, i.e. places on tongue, buccal area or under tongue)

_____7.   Returns medications to storage area, cleans area if indicated.

_____8.   Accurately records process.

PROCEDURE: Oral Medications (liquids)

_____1.   Basic procedures same as 1-4 above

_____2.   Adequately shakes medication if indicated (remind MAC to secure cap before shaking to prevent accidental spillage

_____3.   Opens correctly, sets cap upright on clean surface

_____4.   Pours medications at eye level

_____5.   Pours correct dosage

_____6.   Pours away from label

_____7.   Wipes lip of bottle before replacing cap

_____8.   Gives medications to client with water, watches him/her swallow, and remains with client

_____9.   Returns medications to storage area, cleans area if indicated.

____10.   Accurately records process.

CHECK LIST FOR ASSISTING WITH SKIN PREPARATIONS

AGENCY_____   **STUDENT**_____

EVALUATOR _____   **DATE**_____

KEY
U=UNSATISFACTORY   **S=SATISFACTORY**

BASIC PROCEDURE ALL SKIN PREPARATIONS

_____1.   Uses proper hand washing techniques

_____2.   Assembles materials needed, i.e. gloves, skin preparation containers, gauze, medication administration record,

_____3.   Identifies client, provides for privacy, explains procedure to client

_____4.   Performs 3 checks using 6 rights of med prep for each medication

_____5.   Puts on gloves for procedure

_____6.   Inspects skin for problems, i.e. redness, drainage etc, or client's complaints of pain. (Remind MAC to report problems to nurse)

_____

FOR CREAMS, OINTMENTS, AND PASTES:

_____8.   Scoops cream out of jar with tongue blade or squeezes out of tube to gloved hand

_____9.   Uses downward motion to apply cream

FOR SOLUTIONS, LOTIONS, AND SUSPENSIONS:

____10.   Pours solutions on glove hand

____11.   Pats solutions onto skin, does not massage/rub

FOR POWDERS:

____12.   Applies powder to gloved hand, instead of shaking over area (Remind MAC of rationale, i.e. client may inhale powder)

____13.   Pats powder onto skin surface

(CONTINUED)

CHECK LIST FOR SKIN PREPARATIONS (CONTINUED)

FOR SPRAYS:

_____14.   Has client turn head away (Remind MAC of rationale, i.e. client may inhale spray)

FOR PATCHES:

_____15.   Opens patch correctly.

_____16.   Does not touch patch with ungloved hand (Remind MAC of rationale, i.e. client prevents any medication from the patch from absorbing into your skin or in the wrong area for your client.)

_____17.   Does not rub patch

FOR SCALP TREATMENTS:

_____18.   Reminds client to close eyes

_____19.   Applies treatment to scalp at natural part with gloved hands

FOR SHAMPOOS:

_____20.   Reminds client to close eyes

_____21.   Works in shampoo from front to back

_____22.   Rinses adequately

BASIC PROCEDURE FOLLOWING APPLICATION OF SKIN PREPARATION:

_____23.   Returns medications to storage area, cleans area if indicated.

_____24.   Accurately records process.

CHECK LIST FOR ASSISTING WITH EAR DROPS
AND OTHER EAR PREPARATIONS

AGENCY_____   STUDENT_____

EVALUATOR _____   DATE_____

KEY

       U=UNSATISFACTORY   **S=SATISFACTORY**

BASIC PROCEDURE ALL EAR PREPARATIONS

_____1.   Uses proper hand washing techniques

_____2.   Assembles materials needed, i.e. gloves, ear drops containers, tissues, medication administration record

_____3.   Identifies client, provides for privacy, explains procedure to client

_____4.   Performs 3 checks using 6 rights of med prep for each medication

_____5.   Puts on gloves for procedure

_____6.   Inspects ear for problems, i.e. redness, drainage, or client's complaints of pain etc. (Remind MAC to report problems to nurse)

_____7.   Properly positions client for procedure.

_____8.   Rolls drops in hand to warm

_____9.   Pulls upward and out on pinna

____10.   Drops proper amount of drops in center of ear canal

____11.   Cleans drops from skin with tissue

____12.   Has client lie on side for 3 minutes

____13.   Assists client to sit up (Explain rationale to MAC, i.e., client may be dizzy).

____14.   Returns medications to storage area, cleans area if indicated.

____15.   Accurately records process.

CHECK LIST FOR ASSISTING WITH NOSE DROPS AND OTHER NOSE PREPARATIONS

AGENCY_____   STUDENT_____

EVALUATOR _____   DATE_____

KEY

  U=UNSATISFACTORY   **S=SATISFACTORY**

BASIC PROCEDURE ALL NOSE PREPARATIONS

_____1. Uses proper hand washing techniques

_____2. Assembles materials needed, i.e. gloves, nose drops or inhaler containers, tissues, medication administration record,

_____3. Identifies client, provides for privacy, explains procedure to client

_____4. Performs 3 checks using 6 rights of med prep for each medication/s

_____5. Puts on gloves for procedure

_____6. Inspects nose for problems, i.e. redness, drainage, or client's complaints of pain, etc., (Remind MAC to report problems to nurse)

FOR NOSE DROPS:

_____7. Properly positions client for procedure (reclining position).

_____8. Rolls drops in hand to warm

_____9. Drops proper amount of drops in center of nostril

_____11. Cleans drops from skin with tissue if necessary

_____12. Has client recline for 3 minutes

_____13. Assists client to sit up (Explain rationale to MAC, i.e., client may be dizzy)

_____14. Returns medications to storage area, cleans area if indicated.

_____15. Accurately records process

FOR NASAL SPRAYS/INHALERS;

_____16. Properly positions client for procedure (seated or standing upright)

_____17. Shakes nasal inhaler/spray if indicated

_____18. Applies index finger tip to opposite nostril

_____19. Sprays proper amount and has client inhale

_____20. Repeats with other nostril if indicated

_____21. Returns medications to storage area, cleans area if indicated.

_____22. Accurately records process

CHECK LIST FOR ASSISTING WITH EYE DROPS, OINTMENTS AND PATCHES

AGENCY_____   STUDENT_____

EVALUATOR _____   DATE_____

KEY

        U=UNSATISFACTORY   **S=SATISFACTORY**

BASIC PROCEDURE ALL EYE PREPARATIONS

_____1.   Uses proper hand washing techniques

_____2.   Assembles materials needed, i.e. gloves, eye drops containers, tissues, gauze, warm water, medication administration record, adhesive tape (for eye patch)

_____3.   Identifies client, provides for privacy, explains procedure to client

_____4.   Performs 3 checks using 6 rights of med prep for each medication

_____5.   Puts on gloves for procedure

_____6.   Inspects eye for problems, i.e. redness, drainage, or client's complaints of pain, etc.(Remind MAC to report problems to nurse)

_____7.   Properly positions client for procedure**.**

FOR EYE DROPS:

_____8.   Cleans excess drainage if necessary with warm water or other indicated preparation (such as saline) and gauze pads, wiping from nose to outer eyelid. (clean gauze for each swipe)

_____9.   Rolls drops in hand to warm, removes cap and places on clean surface

_____10.   Pulls down eyelid to form a pocket

_____11.   Drops proper amount of drops into pocket of eyelid, bracing hand on forehead, to prevent touching the eye

_____11.   Cleans excess drops from skin with tissue

_____12.   Replaces cap of container. Returns medications to storage area, cleans area if indicated.

_____13.   Accurately records process.

(CONTINUED)

FOR EYE OINTMENTS:

_____14. Cleans excess drainage if necessary with warm water or other indicated preparation (such as saline) and gauze pads, wiping from nose to outer eyelid. (clean gauze for each swipe)

_____15. Removes cap and places on a clean surface

_____16. Pulls down eyelid to form a pocket

_____17. Braces hand on forehead, to prevent touching the eye. Places a thin ribbon of ointment into the pocket of eyelid from nose to outside corner. Gently massages area if indicated

_____18. Cleans excess ointment from skin with tissue

_____19. Replaces cap to container. Returns medications to storage area, cleans area if indicated.

_____20. Accurately records process.

FOR EYE PATCHES:

_____21. Cleans excess drainage if necessary with warm water or other indicated preparation (such as saline) and gauze pads, wiping from nose to outer eyelid. (clean gauze for each swipe) (Remind MAC that this may be contraindicated after some types of eye surgeries)

_____22. Tears or cuts two or three 5 to 6 inch strips of tape from the roll. (You will need this to attach the pad or patch to the client's eye.)

_____23. Unwraps patch with gloved hand.

_____24. Applies patch to eye and tapes into place

_____25. Returns patches and other equipment/medications to storage area, cleans area if indicated.

_____26. Accurately records process.

CHECK LIST FOR ASSISTING WITH INHALERS

AGENCY_____   STUDENT_____

EVALUATOR _____   DATE_____

KEY

               U=UNSATISFACTORY   **S=SATISFACTORY**

BASIC PROCEDURE ALL INHALERS

_____1.   Uses proper hand washing techniques

_____2.   Assembles materials needed, i.e. gloves, inhaler containers, spacers, tissues, medication administration record.

_____3.   Identifies client, provides for privacy, explains procedure to client

_____4.   Performs 3 checks using 6 rights of med prep for each medication

_____5.   Puts on gloves for procedure

_____6.   Asks client if he has any complaints of pain, or shortness of breath (Remind MAC to report problems to nurse)

_____7.   Properly positions client for procedure.

_____8.   Removes cap of plastic mouthpiece and shakes canister.

_____9.   Reminds client to keep tongue flat

____10.   Inserts plastic mouthpiece in an upright position and reminds client to exhale through their nose

____11.   Releases proper amount of inhaler and has client inhale

____12.   Counts to 10 with client

____13.   Reminds client to exhale through their lips

____14.   Remind client to wash out mouth with water

____15.   Cleans equipment properly

____16.   Returns medications to storage area, cleans area if indicated.

____17.   Accurately records process.

(PROCEDURES MAY CHANGE IF MORE THAN ONE INHALER IS USED OR IF SPACER IS REQUIRED)

CHECK LIST FOR DOCUMENTING MEDICATION
ON THE MEDICATION ADMINISTRATION RECORD (MAR)

AGENCY_____   STUDENT_____

EVALUATOR _____   DATE_____

KEY

              U=UNSATISFACTORY   **S=SATISFACTORY**

_____1.   Identifies correct MAR with the correct client
_____2.   Acknowledges list of allergies
_____3.   Identifies generic and trade names of medications
_____4.   Identifies correct month and date
_____5.   Identifies correct time
_____6.   Traces down to correct box
_____7.   Places initials in box
_____8.   Signs form in proper location (if this is first occurrence for documentation of meds in
            the present month

DDMED.ORG

MEDICAL			
	1.	#8	Assessment and Management of SIB
	2.	#43	Assessment and Management of SMI
	3.	#31	Clinician's Guide to Medical Services
	4.	#42	Fact Sheet-Dual Diagnosis
	5.	# 29	Head-Striking SIB Management
	6.	#26	Management of Fecal Smearing
	7.	#3	Medical Assessment and Management of anxiety disorders
	8.	#54	Medical Assessment and Management of SIB
	9.	#30	Physician's Guide to Life Choices
	10.	#37	Physician's Guide for Surgical Management of Adult Residents with MR/DD
	11.	#45	Psychiatric Fact Sheet-Physician
	12.	#47	Screaming Behavior-Evaluation

PHARMOCOLOGICAL			
	1.	#13	Fact Sheet on Benzodiazepines
	2.	#16	Fact Sheet on Sedative/Hypnotics
	3.	#18	Fact Sheet-Antipsychotic Medications
	4.	#27	General Principles of Clinical Psychopharmacology for MR/DD
	5.	#39	Antipsychotic Medications-MR/DD
	6.	#34	Pharmacological Management-Aggression
	7.	#73	Fact Sheet-Mood Stabilizers
	8.	#41	Primary Care Guide to the Prescription of Benzo's for Adults with MR/DD
	9.	#70	Clinical Guide to Pharmacological Management of Schizophrenia
	10.	#35	Pharmacological Management of Anxiety Disorders
	11.	#40	Primary Care Guide for Prescription of Anxiolytic Medications
	12.	#57	Pharmacological Management of Mania-MR/DD

BEHAVIORAL

Elopement and Wandering
1. #52 Assessment and Management of Elopement and Wandering

Fecal Smearing
1. #72 Fact Sheet-Fecal Smearing
2. #26 Management of Fecal Smearing

Aggression
#34 Pharmacological Management-Aggression
#2. Primary care assessment and management Aggressive behavior-MR/DD

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2. # 29 Head-Striking SIB Management
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4. #54 Medical Assessment and Mgt of SIB

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1. #47 Screaming Behavior-Evaluation

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1. #67 Management of PICA (Swallowing Behaviors)

Delirium
1. #37 Physician's Guide For Surgical Management Of Adult Residents With MR/DD
2. #71 Physician's Guide for Management of Delirium in Adults with MR/DD
3. #9 Clinical Assessment of Confusion by the Anesthesiologist for Residents With MR/DD
4. #38 Practical Management Of The Delirious Resident With MR/DD By The Nurse Anesthetist

Inappropriate Sexual Behavior
1. #11 Comprehensive Medical Management of Inappropriate Sexual Behavior

Substance Abuse
1. #50 Basic Assessment and Management of Substance Abuse-MR/DD

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